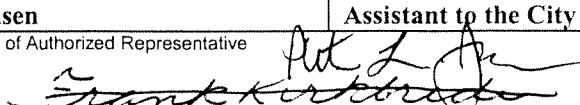


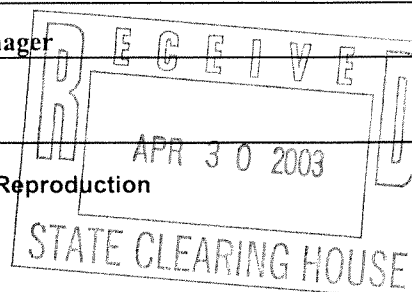
Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **April 16th through 30th**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED April 23, 2003		Applicant Identifier	
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 3-06-0226	
5. APPLICANT INFORMATION					
Legal Name: City of San Jose			Organizational Unit: Norman Y. Mineta San Jose International Airport		
Address (give city, county, state, and zip code) 1732 N. First Street, Suite 600 San Jose, CA 95148			Name and telephone number of the person to be contracted on matters involving this application (give area code) Laura Luu - 408-501-7629		
EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 5px; display: inline-block;">9 4 - 6 0 0 0 4 1 9</div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) C		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div>A Increase Award D Decrease Duration</div> <div>B Decrease Award Other (specify)</div> <div>C Increase Duration</div> </div>			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
			9. NAME OF FEDERAL AGENCY DOT - Federal Aviation Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="border: 1px solid black; padding: 5px; display: inline-block;">2 0 . 1 0 6</div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To design, procure and install a fully automated in-line baggage screening system to support explosive detection on 100% of all checked bags.		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Jose, California					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date 10/03	Ending Date 9/05	a. Applicant 15th		b. Project 15th	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$ 14,872,518				
b. Applicant	\$ 3,582,027				
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 18,454,545	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a. Typed Name of Authorized Representative Peter Jensen		b. Title Assistant to the City Manager		c. Telephone number 408-277-3183	
d. Signature of Authorized Representative 				e. Date Signed 4-25-03 4-23-03	

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Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 02/27/2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Butte County		Organizational Unit: Fire Department	
Address (give city, county, State, and zip code): 176 Nelson Avenue Oroville, Butte County, CA 95965		Name and telephone number of person to be contacted on matters involving this application (give area code) Bill Sager, Fire Chief (530) 538-7111	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000506		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> B	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: United States Dept. of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Loans/Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construct a Fire Station at the intersection of Eaton Rd. and Hicks Ln. in Chico CA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Rural Butte County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 06/01/03	Ending Date 07/01/04	a. Applicant CA2	b. Project CA2
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,200,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 03/26/03	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 2,200,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Robert Beeler		b. Title Board Chair	c. Telephone Number (530) 538-6834
d. Signature of Authorized Representative <i>RD Beeler</i>		e. Date Signed 03/08/2003	

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APR 30 2003

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED APRIL 17, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION																													
Legal Name: <u>AMADOR WATER AGENCY</u>	Organizational Unit: <u>SPECIAL DISTRICT</u>																												
Address (give city, county, State, and zip code): <u>12800 Ridge ROAD</u> <u>SUTTER CREEK, AMADOR COUNTY</u> <u>CALIFORNIA 95685</u>	Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Michael J. Lee 209-257-5207</u> <u>Gene MANCIBO 209-257-5245</u>																												
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 68-0029577 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;"> G </div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>																												
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other(specify): _____ </div> <div style="width: 30%;"> C. Increase Duration </div> </div>																													
9. NAME OF FEDERAL AGENCY: <u>USDA RURAL DEVELOPMENT (RUS)</u>																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;"> 10-760 </div> TITLE: <u>Water & waste disposal loan & grant program</u>																													
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Buckhorn Water treatment Plant Replacement Project</u>																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Amador County, California</u>																													
13. PROPOSED PROJECT Start Date: <u>2000</u> Ending Date: <u>2004</u>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <u>03</u> b. Project: <u>03</u>																												
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:40%;">7,000,000</td> <td style="width:10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>250,000</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>7,250,000</td> <td>.00</td> </tr> </table>		a. Federal	\$	7,000,000	.00	b. Applicant	\$	250,000	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	7,250,000	.00
a. Federal	\$	7,000,000	.00																										
b. Applicant	\$	250,000	.00																										
c. State	\$.00																										
d. Local	\$.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	7,250,000	.00																										
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>4/25/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																													
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																													
a. Type Name of Authorized Representative <u>Michael J. Lee</u>	b. Title <u>Financial Services Manager</u>																												
c. Telephone Number <u>209-257-5207</u>	e. Date Signed <u>4/17/03</u>																												
d. Signature of Authorized Representative 																													

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-03-0508-04
Budget Number:	5 - Budget Pending Approval
Project Information:	Eastside LRT

RECEIVED

MAY - 1 2003

STATE CLEARING HOUSE

Part 1: Recipient Information

Project Number:	CA-03-0508-04
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Union Information

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	234 LOMA DRIVE
Address 2:	
City:	LOS ANGELES, CA 90026 0000
Contact Name:	CHERYL PARISI
Telephone:	(213) 484-8300
Facsimile:	(213) 484-9629

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	234 LOMA DRIVE
Address 2:	
City:	LOS ANGELES, CA 90026 0000
Contact Name:	ELIZABETH GARFIELD

Telephone:	(213) 381-1828
Facsimile:	

Recipient ID:	5566
Union Name:	TEAMSTERS, LOCAL 911
Address 1:	3202 E. WILLOW STREET
Address 2:	
City:	LONG BEACH, CA 90806 0000
Contact Name:	RAYMOND WHITMER
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	15999 CYPRESS AVENUE
Address 2:	
City:	IRWINDALE, CA 91706 0000
Contact Name:	JAMES WILLIAMS
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 LYNROSE DRIVE
Address 2:	
City:	ANAHEIM, CA 92804 0000
Contact Name:	RAYMOND HUFFER
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	234 LOMA DRIVE
Address 2:	
City:	LOS ANGELES, CA 90026
Contact Name:	SUSAN GREENWOOD
Telephone:	(213) 484-8300
Facsimile:	(213) 484-9629

Recipient ID:	5566
Union Name:	AFSCME

Address 1:	3200 WILSHIRE BOULEVARD
Address 2:	SUITE 1100
City:	LOS ANGELES, CA 90010 1315
Contact Name:	DANE SHELDON
Telephone:	(213) 383-1277
Facsimile:	(213) 487-7350

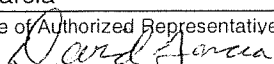
Recipient ID:	5566
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	LOCAL 1277
Address 2:	3200 WILSHIRE BOULEVARD
City:	LOS ANGELES, CA 90010 1315
Contact Name:	NEIL SILVER
Telephone:	(213) 383-1277
Facsimile:	(213) 487-7350

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$4,917,913
Project Number:	CA-03-0508-04	Adjustment Amt:	\$0
Project Description:	Eastside LRT	Total Eligible Cost:	\$4,917,913
Recipient Type:	Transit Authority	Total FTA Amt:	\$3,934,330
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Charlene Lee Lorenzo	Total Local Amt:	\$983,583
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Increase Award	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Apr. 01, 2002 - Jun. 30, 2009	Est. Oblig Date:	18-Jun-2003
Recvd. By State:	Apr. 18, 2003	Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	May. 10, 2003	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Jan. 17, 2003		
Program Page:	29		
Application Type:	Electronic		

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-004

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 23, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: The Regents of the University of California		Organizational Unit: IST:Interactive University	
Address (give city, county, State, and zip code): University of California at Berkeley, Sponsored Projects Office, 336 Sproul Hall, Berkeley, CA 94720-5940		Name and telephone number of person to be contacted on matters involving this application (give area code) David A Greenbaum (510) 642-7429	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 — 6002123		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) </div> </div> <div style="text-align: right; border: 1px solid black; padding: 5px; width: 100px; float: right;"> RECEIVED MAY - 1 2003 </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: DEPARTMENT OF COMMERCE	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11 — 552 TITLE: Technology Opportunities Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The CITY WATERSHED Project will increase community involvement in and understanding of the urban watershed so that citizens, students, teachers, and community leaders can contribute solutions to the environmental and social problems affecting the San Francisco Bay Area.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CA: Alameda County-Berkeley, Oakland; Contra Costa-Richmond; San Francisco County-SF			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/03	Ending Date 3/31/06	a. Applicant 9th	b. Project 7th, 8th, and 9th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 648,707 ⁰⁰	Xa. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/23/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 903,452 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 1,552,159 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative David Garcia		b. Title Senior Research Administrator	c. Telephone Number (510) 643-3391
d. Signature of Authorized Representative 		e. Date Signed	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ <u>X</u> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier
8. Type of Application: <u>X</u> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		Organizational Unit: Name and telephone of person to be contacted on matters involving this application (give area code): Greg Frantz, Basin Planning Unit Division of Water Quality (916) 341-5553	
10. Catalog of Federal Domestic Assistance Number 66.454 Title: Water Quality Management Planning		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
12. Area Affected by Project: (cities, counties, states, etc.) California		9. Name of Federal Agency: U. S. Environmental Protection Agency	
13. Proposed Project: Start Date End Date July 1, 2003 December 31, 2007		11. Descriptive Title of Applicant's Project: Oversee and manage water quality planning projects as authorized by State law or local ordinance, to assure the maintenance, restoration, enhancement, and protection of water quality in the environment.	
15. ESTIMATED FUNDING: a. Federal \$992,787 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$992,787		14. Congressional District of: Applicant: 3 Project: California - All	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <u>X</u> This application/preapplication was made available to the State EO 12372 process for review on: _____ Date: April 29, 2003 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
a. Typed Name of Authorized Representative Celeste Cantú		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ NO	
b. Title: Executive Director		c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative		e. Date Signed:	

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/28/04		Applicant Identifier Sustainable Conservation	
3. DATE RECEIVED BY STATE		3. DATE RECEIVED BY STATE		State Application Identifier 1949946	
4. DATE RECEIVED BY FEDERAL AGENCY		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 94-3232437	
5. APPLICANT INFORMATION					
Legal Name: Sustainable Conservation			Organizational Unit: Dairies		
Address (give city, county, State, and zip code): 121 Second St., 6th Floor San Francisco, CA 94105			Name and telephone number of person to be contacted on matters involving this application (give area code) (415) 977-0380 ext 303 Allen Dusault		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3232437			7. TYPE OF APPLICANT: (enter appropriate letter in box)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. <input checked="" type="checkbox"/> B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Non-profit		
9. NAME OF FEDERAL AGENCY: USEPA			10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-808 TITLE: Solid Waste Deposal Man. Ass't		
11. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Merced Co., California			12. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ag. and Municipal Cooperation in Co-composting Green + Animal Waste		
13. PROPOSED PROJECT #03-135		14. CONGRESSIONAL DISTRICTS OF: Nancy Pelosi			
Start Date 9/03	Ending Date 12/04	a. Applicant Sustainable Conservation		b. Project Ag. and Mun. Co. Composting	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 29,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____			
b. Applicant	\$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
d. Local	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
e. Other	\$.00	a. Type Name of Authorized Representative Allen Dusault		b. Title Senior Manager	
f. Program Income	\$.00	c. Telephone Number 415 977-0380		d. Signature of Authorized Representative Allen Dusault	
g. TOTAL	\$.00	e. Date Signed 4/25/03			

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/25/03	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 03SF034101	4. DATE RECEIVED: 04/25/03	GRANT NUMBER:														
5. APPLICATION INFORMATION																
LEGAL NAME: MILLS-PENINSULA SENIOR.FOCUS ADDRESS (give street address, city, state and zip code): 100 S San Mateo Dr San Mateo CA 94401		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Donna Campi TELEPHONE NUMBER: 6506964295 FAX NUMBER: 6506964179 INTERNET E-MAIL ADDRESS: campid@summerhealth.org														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942663918		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service														
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparents		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SAN MATEO COUNTY FGP														
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): San Mateo County, California																
13. PROPOSED PROJECT: START DATE: 07/01/03 END DATE: 06/30/06		14. PERFORMANCE PERIOD: START DATE: END DATE:														
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 24-APR-03														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="width: 80%; text-align: right;">\$ 26,108.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 77,533.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 30,585.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 4,011.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 42,937.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 103,641.00</td> </tr> </table>		a. FEDERAL	\$ 26,108.00	b. APPLICANT	\$ 77,533.00	c. STATE	\$ 30,585.00	d. LOCAL	\$ 4,011.00	e. OTHER	\$ 42,937.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 103,641.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
a. FEDERAL	\$ 26,108.00															
b. APPLICANT	\$ 77,533.00															
c. STATE	\$ 30,585.00															
d. LOCAL	\$ 4,011.00															
e. OTHER	\$ 42,937.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 103,641.00															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Maureen Dunn		b. TITLE: Executive Director														
		c. TELEPHONE NUMBER: 6506964198														
		d. DATE: 04/25/03														

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction													
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/25/03	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:													
2b. APPLICATION ID: 03SC034129	4. DATE RECEIVED: 04/25/03	GRANT NUMBER:													
5. APPLICATION INFORMATION															
LEGAL NAME: MILLS-PENINSULA SENIOR FOCUS		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Donna Campi TELEPHONE NUMBER: 6506964295 FAX NUMBER: 6506964179 INTERNET E-MAIL ADDRESS: campid@sutterhealth.org													
ADDRESS (give street address, city, state and zip code): 100 S San Mateo Dr San Mateo CA 94401															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942663918	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service													
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016 10b. TITLE: Senior Companion Program															
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SAN MATEO COUNTY SCP															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): San Mateo County															
13. PROPOSED PROJECT: START DATE: 07/01/03 END DATE: 06/30/06		14. PERFORMANCE PERIOD: START DATE: END DATE:													
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 24-APR-03													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. FEDERAL</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 95,717.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 44,437.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 3,905.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 47,375.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 95,717.00</td> </tr> </table>			a. FEDERAL	\$ 0.00	b. APPLICANT	\$ 95,717.00	c. STATE	\$ 44,437.00	d. LOCAL	\$ 3,905.00	e. OTHER	\$ 47,375.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL
a. FEDERAL	\$ 0.00														
b. APPLICANT	\$ 95,717.00														
c. STATE	\$ 44,437.00														
d. LOCAL	\$ 3,905.00														
e. OTHER	\$ 47,375.00														
f. PROGRAM INCOME	\$ 0.00														
g. TOTAL	\$ 95,717.00														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Maureen Dunn	b. TITLE: Executive Director	c. TELEPHONE NUMBER: 6506964198													
		d. DATE: 04/25/03													

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/10/03		3. DATE RECEIVED BY STATE:	
2b. APPLICATION ID: 03IP033401		4. DATE RECEIVED: 04/10/03	
		STATE APPLICATION IDENTIFIER:	
		GRANT NUMBER:	
5. APPLICATION INFORMATION			
LEGAL NAME: Boat People S.O.S.		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (<i>give area codes</i>): NAME: Thang D. Nguyen TELEPHONE NUMBER: 7035382190 FAX NUMBER: 7035382191 INTERNET E-MAIL ADDRESS: thang.nguyen@bpsos.org	
ADDRESS (<i>give street address, city, state and zip code</i>): 6400 Arlington Blvd., Suite 640 Falls Church VA 22042 - 2336			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 541563619		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. National Non-Profit (Multi-State)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED APR 28 2003 STATE CLEARING HOUSE </div>	
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service			
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.007 10b. TITLE: Innovative Programs		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Neighborhood Empowerment and Support through Teamwork (NEST)	
12. AREAS AFFECTED BY PROJECT (<i>List Cities, Counties, States, etc</i>): Camden, NJ; Philadelphia, PA; Springfield, MA; Grand Rapids, MI; Milwaukee, WI; Adelphi, MD; Washington, DC; Fairfax, VA; Hampton, VA; Raleigh, NC; Charlotte, NC; A			
13. PROPOSED PROJECT: START DATE: 07/01/03 END DATE: 06/30/04		14. PERFORMANCE PERIOD: START DATE: END DATE:	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL	\$ 622,684.00	<input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 10-APR-03	
b. APPLICANT	\$ 0.00		
c. STATE	\$ 0.00		
d. LOCAL	\$ 0.00		
e. OTHER	\$ 0.00		
f. PROGRAM INCOME	\$ 0.00		
g. TOTAL	\$ 622,684.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Thang D. Nguyen		b. TITLE: Executive Director	c. TELEPHONE NUMBER: 7035382190
		d. DATE: 04/10/03	

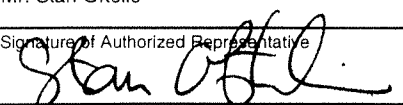
PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/15/03		3. DATE RECEIVED BY STATE:	
2b. APPLICATION ID: 03ND033731		4. DATE RECEIVED: 04/15/03	
		STATE APPLICATION IDENTIFIER:	
		GRANT NUMBER:	
5. APPLICATION INFORMATION			
LEGAL NAME: Boat People S.O.S.		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (<i>give area codes</i>): NAME: Thang D. Nguyen TELEPHONE NUMBER: 7035382190 FAX NUMBER: 7035382191 INTERNET E-MAIL ADDRESS: thang.nguyen@bpsos.org	
ADDRESS (<i>give street address, city, state and zip code</i>): 6400 Arlington Blvd., Suite 640 Falls Church VA 22042 - 2336			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 541563619		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. National Non-Profit (Multi-State)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED APR 28 2003 STATE CLEARING HOUSE </div>	
		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.006 10b. TITLE: AmeriCorps*National		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: NEST National	
12. AREAS AFFECTED BY PROJECT (<i>List Cities, Counties, States, etc</i>): Springfield (MA), Philadelphia, Camden (NJ), Grand Rapids, Adelphi (MD), DC, Fairfax, Hampton (VA), Raleigh, Charlotte, Atlanta, St. Louis, Louisville, New Orleans, Houston, I			
13. PROPOSED PROJECT: START DATE: 07/01/03 END DATE: 06/30/06		14. PERFORMANCE PERIOD: START DATE: END DATE:	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL	\$ 1,280,000.00	<input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 14-APR-03	
b. APPLICANT	\$ 483,782.00		
c. STATE	\$ 0.00		
d. LOCAL	\$ 0.00		
e. OTHER	\$ 0.00		
f. PROGRAM INCOME	\$ 0.00		
g. TOTAL	\$ 1,763,782.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Thang D. Nguyen		b. TITLE: Executive Director	
		c. TELEPHONE NUMBER: 7035382190	
		d. DATE: 04/15/03	

COPY

OMB Approval No. 0348-0043

Application for
Federal Assistance

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 04/23/2003		Application Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATTE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 1647 (Rev 0)	
5. APPLICANT INFORMATION					
Legal Name Orange County Business Council			Organizational Unit Economic & Workforce Development		
Address (give city, county, state, and zip code) 2, Park Plaza, Suite 100 Irvine, CA 92614 - 5904 Orange			Name and telephone number of the person to be contacted on matters involving this application (give area code) Mr. Paul Garza Jr 949 - 794 - 7227 pgarza@ocbc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 2 3 — 7 0 8 4 1 0 7			7. TYPE OF APPLICANT: (Enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Education J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify) <u>Economic Development 501.c6</u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.552 TITLE: Technology Opportunities Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Technology Bridge Project for Latinos and Women Entrepreneurs		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Central Orange County, California			<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> RECEIVED APR 25 2003 STATE CLEARING HOUSE </div>		
13. PROPOSED PROJECT: Start Date: 10/01/2003 Ending Date: 09/30/2005					
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 48 b. Project: 40,47,48					
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 452,300 .00			a. YES THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>04/23/2003</u>		
b. Applicant \$ 126,420 .00			b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
c. State \$ 0 .00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$ 0 .00					
e. Other \$ 35,000 .00					
f. Program Income \$ 0 .00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL \$ 613,720 .00			<input type="checkbox"/> Yes If "Yes," attach an explanation No <input checked="" type="checkbox"/>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed name of Authorized Representative Mr. Stan Oftelie		b. Title President & CEO		c. Telephone Number 949 - 794 - 7213	
d. Signature of Authorized Representative 				e. Date Signed 04.23.03	

Previous Edition Usable

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Standard Form 424 (REV 4-92)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED APRIL 23, 2003	Applicant Identifier																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
5. APPLICANT INFORMATION																								
Legal Name: MERCED COUNTY COMMUNITY ACTION BOARD		Organizational Unit: COMMUNITY ACTION AGENCY																						
Address (give city, county, State, and zip code): 561 W. 18TH ST./P.O. BOX2085 MERCED, CA 95340		Name and telephone number of person to be contacted on matters involving this application (give area code) HARRY DULL (209) 723-4565																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2183288		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>PUBLIC NON-PROFIT</u> </div> </div>																						
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF COMMERCE/NTIA																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (NTIA/TOP) 11-552 TITLE: <u>TECHNOLOGY OPPORTUNITIES PROGRAM</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "CONNECTING MERCED"																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): MERCED COUNTY, CA		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED APR 25 2003 STATE CLEARING HOUSE </div>																						
13. PROPOSED PROJECT																								
Start Date 9/30/03	Ending Date 9/30/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CALIFORNIA DISTRICT #18																						
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">347,945.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">510,257.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">-0-.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">-0-.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">-0-.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">-0-.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">858,202.00</td> </tr> </table>		a. Federal	\$	347,945.00	b. Applicant	\$	510,257.00	c. State	\$	-0-.00	d. Local	\$	-0-.00	e. Other	\$	-0-.00	f. Program Income	\$	-0-.00	g. TOTAL	\$	858,202.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>4/23/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	347,945.00																						
b. Applicant	\$	510,257.00																						
c. State	\$	-0-.00																						
d. Local	\$	-0-.00																						
e. Other	\$	-0-.00																						
f. Program Income	\$	-0-.00																						
g. TOTAL	\$	858,202.00																						
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Type Name of Authorized Representative HARRY DULL		b. Title EXECUTIVE DIRECTOR																						
c. Telephone Number (209) 723-4565		d. Signature of Authorized Representative 																						
e. Date Signed 4/23/03																								

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Standard Form 424 (Rev. 7-97)
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COPY

Applicant Identifier

State Application Identifier

Federal Identifier	3-06-0226
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4-18-03

RECEIVED
APR 25 2003
STATE CLEARING HOUSE

APPLICATION FOR
FEDERAL ASSISTANCE

CMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	April 28, 2003	
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Mineral County Water District		Organizational Unit:	
Address (give city, county, State, and zip code): Mineral, Tehama County, CA 96063		Name and telephone number of person to be contacted on matters involving this application (give area code) Shirley Wheeler (530) 595-4418	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 62-1856412		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
		9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-763		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Recapture of water capacity	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Mineral, Tehama County, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: Wally Herger, U.S. Representative, 2nd District	
Start Date	Ending Date	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Shirley Wheeler		b. Title Board Member	c. Telephone Number (530) 595-4418
d. Signature of Authorized Representative <i>Shirley Wheeler</i>		e. Date Signed April 28, 2003	

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95841		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier
6. Employer Identification Number (EIN): 68--0281986		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): James Maughan (916) 341-5522	
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.419 Title: Water Pollution Control_ State and Interstate Program Support		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) California - Statewide		11. Descriptive Title of Applicant's Project: To establish and maintain adequate measures for prevention and control of surface and ground water pollution.	
13. Proposed Project: Start Date End Date July 1, 2003 June 30, 2004		14. Congressional District of: Applicant: Project: 3 California - All	
15. ESTIMATED FUNDING: a. Federal \$10,072,600 b. Applicant \$0 c. State \$8,907,386 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$18,979,986		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: _____ Date: April 24, 2003 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		c. Date Signed:	

Application for Federal Assistance

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 04/23/2003		Application Identifier	
3. DATE RECEIVED BY STATTE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 1542 (Rev 1)			
5. APPLICANT INFORMATION					
Legal Name Beneficent Inc. DBA Benetech		Organizational Unit Bookshare.org			
Address (give city, county, state, and zip code) 480 S. California Ave. Suite 201 Palo Alto, CA 94306 - 1609 Santa Clara		Name and telephone number of the person to be contacted on matters involving this application (give area code) Mrs. Jane Simchuk 650 - 475 - 5440 Ext. 139 jane@benetech.org			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7 7 — 0 2 2 5 9 0 4		7. TYPE OF APPLICANT: (Enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Education J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify) 501(c)(3) nonprofit			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):		9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.552 TITLE: Technology Opportunities Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: An online repository of accessible textbooks for students with visual and learning disabilities built by Benetech in partnership with the California State University system.			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) This project will benefit thousands of students in the California State University system statewide and ultimately tens of thousands nationwide.					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 10/01/2003	Ending Date 04/01/2005	a. Applicant 14		b. Project state of California	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 566,712 .00	a. YES THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/22/2003			
b. Applicant	\$ 489,079 .00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State	\$ 78,487 .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$ 0 .00				
e. Other	\$ 0 .00				
f. Program Income	\$ 0 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 1,134,278 .00	<input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed name of Authorized Representative Mr. James Fruchterman		b. Title President and CEO		c. Telephone Number 650 - 475 - 5440	
d. Signature of Authorized Representative				e. Date Signed	

OMB Approval No. 0348-0043

Application for Federal Assistance

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 04/22/2003		Application Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 1683 (Rev 0)	
5. APPLICANT INFORMATION					
Legal Name Santa Clara County			Organizational Unit Office of the Sheriff		
Address (give city, county, state, and zip code) 55 West Younger Ave. San Jose, CA 95110 Santa Clara			Name and telephone number of the person to be contacted on matters involving this application (give area code) Mr. Gary Aslanian 408 - 808 - 4660 gary.aslanian@sho.co.santa-clara.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 0 5 3 3			7. TYPE OF APPLICANT: (Enter appropriate letter in box) B A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Education J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration RECEIVED APR 22 2003 STATE CLEARING HOUSE		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.552 TITLE: Technology Opportunities Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Beats Without Boundaries		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Santa Clara County					
13. PROPOSED PROJECT: Start Date: 10/01/2003 Ending Date: 06/30/2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 16 b. Project: 14, 15		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	156,672 .00	a. YES THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/22/2003		
b. Applicant	\$	156,672 .00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
c. State	\$	0 .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	0 .00			
e. Other	\$	0 .00			
f. Program Income	\$	0 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	313,344 .00	<input type="checkbox"/> Yes If "Yes," attach an explanation No <input checked="" type="checkbox"/>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed name of Authorized Representative Mrs. Laurie Smith			b. Title Sheriff		c. Telephone Number 408 - 808 - 4914
d. Signature of Authorized Representative <i>Naomi Laurum for Laurie Smith</i>			e. Date Signed 4/22/03		

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OMB Approval No. 0348-0043

Application for
Federal Assistance

1. TYPE OF SUBMISSION: <i>Application</i>		2. DATE SUBMITTED 04/23/2003	Application Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 1261 (Rev 0)

5. APPLICANT INFORMATION

Legal Name County of San Bernardino	Organizational Unit Law & Justice Group
Address (give city, county, state, and zip code) 316 North Mt. View San Bernardino, CA 92415 - 0004 San Bernardino	Name and telephone number of the person to be contacted on matters involving this application (give area code) Ms. Sue Morales 909 - 387 - 6705 smorales@nj.sbcounty.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	5	—	6	0	0	2	7	4	8
---	---	---	---	---	---	---	---	---	---

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision
If revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration E. Other (specify):

7. TYPE OF APPLICANT: (Enter appropriate letter in box)

B

A. State	H. Independent School District
B. County	I. State Controlled Institution of Higher Education
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (specify)

9. NAME OF FEDERAL AGENCY:

National Telecommunications and Information Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.552

TITLE: Technology Opportunities Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Storage Technology Optical Records Management (STORM)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

County of San Bernardino

13. PROPOSED PROJECT:

Start Date	Ending Date
10/01/2003	09/30/2005

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
43	40,41,43

15. ESTIMATED FUNDING:

a. Federal	\$	700,000	.00
b. Applicant	\$	780,375	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	1,480,375	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 04/23/2003

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanationNo ☒

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed name of Authorized Representative Mr. James Hackloman	b. Title Chairman, Law & Justice Group	c. Telephone Number 909 - 387 - 6810
d. Signature of Authorized Representative <i>James Hackloman</i>	e. Date Signed 4/22/03	

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APR 23 2003

CLEARING HOUSE

Application for Federal Assistance

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 04/23/2003		Application Identifier	
		3. DATE RECEIVED BY STATTE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier <div style="text-align: right; font-weight: bold;">1458 (Rev 0)</div>			

5. APPLICANT INFORMATION																																	
Legal Name Sacramento County Sheriff's Department			Organizational Unit Sheriff's Department																														
Address (give city, county, state, and zip code) 711 G Street Sacramento, CA 95814 Sacramento			Name and telephone number of the person to be contacted on matters involving this application (give area code) Karen Johnson 916 - 874 - 1625 kjohnson@sacsheriff.com																														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 6 0 0 0 5 2 9 </div>			7. TYPE OF APPLICANT: (Enter appropriate letter in box) B																														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Education J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify)																														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.552 TITLE: Technology Opportunities Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: California Law Enforcement Telecommunications Message Switching Center Replacement Project																														
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Sacramento			<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); text-align: center;"> RECEIVED APR 24 2003 STATE CLEARING HOUSE </div>																														
13. PROPOSED PROJECT: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Start Date</td> <td style="width:50%; border-bottom: 1px solid black;">Ending Date</td> </tr> <tr> <td style="text-align: center;">10/01/2003</td> <td style="text-align: center;">09/30/2006</td> </tr> </table>						Start Date	Ending Date	10/01/2003	09/30/2006																								
Start Date	Ending Date																																
10/01/2003	09/30/2006																																
14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">a. Applicant</td> <td style="width:50%; border-bottom: 1px solid black;">b. Project</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">3, 5, 10</td> </tr> </table>			a. Applicant	b. Project	5	3, 5, 10																											
a. Applicant	b. Project																																
5	3, 5, 10																																
15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">a. Federal</td> <td style="width:10%; border-bottom: 1px solid black;">\$</td> <td style="width:20%; border-bottom: 1px solid black;">700,000</td> <td style="width:10%; border-bottom: 1px solid black;">.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">b. Applicant</td> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;">50,000</td> <td style="border-bottom: 1px solid black;">.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">c. State</td> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;">0</td> <td style="border-bottom: 1px solid black;">.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">d. Local</td> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;">897,110</td> <td style="border-bottom: 1px solid black;">.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">e. Other</td> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;">0</td> <td style="border-bottom: 1px solid black;">.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">f. Program Income</td> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;">0</td> <td style="border-bottom: 1px solid black;">.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">g. TOTAL</td> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;">1,647,110</td> <td style="border-bottom: 1px solid black;">.00</td> </tr> </table>			a. Federal	\$	700,000	.00	b. Applicant	\$	50,000	.00	c. State	\$	0	.00	d. Local	\$	897,110	.00	e. Other	\$	0	.00	f. Program Income	\$	0	.00	g. TOTAL	\$	1,647,110	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. YES THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>04/23/2003</u> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	700,000	.00																														
b. Applicant	\$	50,000	.00																														
c. State	\$	0	.00																														
d. Local	\$	897,110	.00																														
e. Other	\$	0	.00																														
f. Program Income	\$	0	.00																														
g. TOTAL	\$	1,647,110	.00																														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation No <input checked="" type="checkbox"/>																																	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																	
a. Typed name of Authorized Representative Mr. Lou Blanas		b. Title Sheriff		c. Telephone Number 916 - 874 - 8884																													
d. Signature of Authorized Representative 				e. Date Signed 4/21/03																													

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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED April 22, 2003		Applicant Identifier	
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	
		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. APPLICANT INFORMATION					
Legal Name: College of the Siskiyous			Organizational Unit: Distance Learning & Technology Services Department		
Address (give city, county, State, and zip code): 800 College Avenue Weed, CA 96094-2899 (Siskiyou County)			Name and telephone number of person to be contacted on matters involving this application (give area code) Kate Mahar (530) 938-5359 mahar@siskiyous.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0321440			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> I		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-552			9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Siskiyou County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Connect Siskiyou County will be a model for how a community college can use creative partnerships and technology to provide essential services in remote, rural communities		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date	Ending Date	a. Applicant		b. Project	
10/01/03	10/01/06	California - 2		California - 2	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$	522,582 ⁰⁰			
b. Applicant	\$	700,019 ⁰⁰			
c. State	\$	205,314 ⁰⁰			
d. Local	\$	0 ⁰⁰			
e. Other	\$	32,286 ⁰⁰			
f. Program Income	\$	0 ⁰⁰			
g. TOTAL	\$	1,460,201 ⁰⁰			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative W. David Pelham, Ed.D.		b. Title Superintendent/President		c. Telephone Number (530) 938-5200	
d. Signature of Authorized Representative				e. Date Signed 4/22/03	

RECEIVED
APR 24 2003
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 7, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Consolidated Area Housing Auth. of Sutter County		Organizational Unit:	
Address (give city, county, State, and zip code): 448 Garden Highway, PO Box 631 Yuba City, CA 95992		Name and telephone number of person to be contacted on matters involving this application (give area code) (530) 671-0220 William A. Rosenberger ext. 119	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6003474		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Housing Authority</u> </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">N</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA - Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405 TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation of 180 units of farm worker housing, Richmond Homes, Yuba City	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yuba City, Sutter County, California		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED APR 24 2003 </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:			
Start Date 06/15/03	Ending Date 1/31/05	a. Applicant 3	b. Project 3
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,500,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>April 23, 2003</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$.00		
c. State	\$ 966,665.70		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 2,466,665.70	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative William A. Rosenberger		b. Title Executive Director	c. Telephone Number (530) 671-0220 ext. 119
d. Signature of Authorized Representative 		e. Date Signed April 7, 2003	

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
April 21, 2003

Applicant Identifier

State Application Identifier

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

1. TYPE OF SUBMISSION:

Application

☐ Construction☒ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:

Los Angeles Mission College

Address (give city, county, State, and zip code):

13356 Eldridge Ave., Sylmar, CA 91342

Organizational Unit:

Multimedia

Name and telephone number of person to be contacted on matters involving this application (give area code)

Lucy Griesbach (818) 364-7721

art@workofbox.com

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State

B. County

C. Municipal

D. Township

E. Interstate

F. Intermunicipal

G. Special District

H. Independent School Dist.

I. State Controlled Institution of Higher Learning

J. Private University

K. Indian Tribe

L. Individual

M. Profit Organization

N. Other (Specify):

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:

National Telecommunications and
Information Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11-552

TITLE Technology Opportunities Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Sylmar, San Fernando, Mission Hills,

Los Angeles County

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date

Ending Date

a. Applicant

10/1/03

9/30/06

California-27

b. Project

California-27

15. ESTIMATED FUNDING:

a. Federal

\$ 629,481

b. Applicant

\$ 618,306

c. State

\$

d. Local

\$

e. Other

\$

8,800

f. Program Income

\$

g. TOTAL

\$

1,256,587

0

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON:

DATE 3/19/02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Dr. Adriana D. Barrera

b. Title

President

c. Telephone Number

(818) 364-7795

d. Signature of Authorized Representative

e. Date Signed

APR 21 2003

OMB Approval No. 0348-0043

Application for
Federal Assistance

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 04/23/2003		Application Identifier RECEIVED APR 23 2003	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name County of Los Angeles			Organizational Unit Los Angeles County Sheriff's Department		
Address (give city, county, state, and zip code) 4700 Ramona Blvd. Monterey Park, CA 91754 - 2169 Los Angeles			Name and telephone number of the person to be contacted on matters involving this application (give area code) Mr. Michael Torres 626 - 300 - 3171 mltorres@lasd.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 — 6 0 0 0 9 2 7			7. TYPE OF APPLICANT: (Enter appropriate letter in box) B A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Education J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.552 TITLE: Technology Opportunities Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Automated Civil Enforcement System (ACES) will enable people to access, file, track and pay any fees for their Civil Court process (divorce, restraining orders, small claims) over the internet. This program improves access to the Civil Justice system regardless of economic or social status.		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Los Angeles County, State of California					
13. PROPOSED PROJECT: Start Date 10/01/2003 Ending Date 09/30/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 29 b. Project California, 24-39, 41			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 700,000 .00	a. YES THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/23/2003			
b. Applicant	\$ 2,619,167 .00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State	\$ 0 .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$ 0 .00				
e. Other	\$ 0 .00				
f. Program Income	\$ 0 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 3,319,167 .00	<input type="checkbox"/> Yes If "Yes," attach an explanation No <input checked="" type="checkbox"/>			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed name of Authorized Representative Mr. Leroy D. Baca		b. Title Sheriff, Los Angeles County		c. Telephone Number 323 - 526 - 5000	
d. Signature of Authorized Representative <i>Leroy D. Baca</i>				e. Date Signed 04/21/2003	

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Prescribed by OMB Circular A-102

33978
OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 16, 2003	Applicant Identifier RECEIVED
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: The Regents of the University of California		Organizational Unit: Claire Trevor School of the Arts	
Address (give city, county, State, and zip code): University of California, Irvine Irvine, CA 92697-7600		Name and telephone number of person to be contacted on matters involving this application (give area code): James McKenzie, (949) 824-2397 jpmckenz@uci.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2226406		7. TYPE OF APPLICANT: (enter appropriate letter in box) I A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: NTIA/TOP	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-552 TITLE: TOP		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Building Global Community Through Technology	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/03	Ending Date 9/30/05	a. Applicant California - 48	
15. ESTIMATED FUNDING:		b. Project CA-1, 5, 9, 17, 23, 30, 44, 46, 48, 53. AZ-5. CO-2, GA-12, ME-2, MI-8, NY-8, OK-1, OR-4, UT-2.	
a. Federal	\$ 603,016	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$ 609,876	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04-23-03	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 1,212,892		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Gina Ring		b. Title Grants Officer	
c. Telephone Number (949) 824-8634		d. Signature of Authorized Representative Gina Ring	
e. Date Signed 04-22-03			

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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED	Applicant Identifier
Application		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Construction		RECEIVED	
X Non-Construction		APR 23 2003	
5. APPLICATION INFORMATION			
Legal Name		Organization Unit	
SIERRA ECONOMIC DEVELOPMENT DISTRICT			
Address (give city, county, state, and zip code):		Name and telephone number of the person to be contacted on matters involving this application (give area code)	
560 WALL STREET STE F PLACER COUNTY AUBURN CA 95603		ELIZABETH RILEY, (530) 823-4703	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-1705043		7. TYPE OF APPLICANT (enter appropriate letter in box) (N)	
8. TYPE OF APPLICATION [X] New [] Continuation [] Revision		A. State H. Independent School Dist.	
If Revision, enter appropriate letter(s) in box(s)		B. County I. State Controlled Institution of Higher Learning	
A. Increase Award B. Decrease Award		C. Municipal J. Private University	
C. Increase Duration D. Decrease Duration		D. Township K. Indian Tribe	
Other (specify)		E. Interstate L. Individual	
		F. Intermunicipal M. Profit Organization	
		G. Special District N. Other (Specify) <u>EDQ</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 11.552		9. NAME OF FEDERAL AGENCY United States Department of Commerce	
TITLE: Technology Opportunities Program		National Telecommunications and Information Administration.	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)		11. DESCRIPTIVE TITLE OF APPLICATION PROJECT:	
Counties of El Dorado, Nevada, Placer Sierra		New Forest Economy	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF: Note: Who ever is in project, is in Applicant too:	
Start Date	Ending Date	a. Applicant	b. Project
10/01/ 2003	9/30/2006	JOHN DOOLITTLE 4	JOHN DOOLITTLE 4
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. Federal	97,200	ORDER 12372 PROCESS?	
b. Applicant	22,200	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE	
c. State		EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
d. Local		DATE 4/23/03	
e. Other	75,000	b. NO: [] PROGRAM IS NOT COVERED BY [] PROGRAM IS NOT COVERED BY E.O. 12372	
f. Program Income		[] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
g. TOTAL	\$194,400 -	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
		[] Yes if "Yes" attach and explanation [X] No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative		b. Title	c. Telephone number
ELIZABETH RILEY		PRESIDENT	(530) 823-4703
d. Signature of Authorized Representative		e. Date Signed	
<i>Elizabeth Riley</i>		4-23-03	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. Date Submitted		Applicant Identifier															
3. Date Received by State		State Application Identifier															
4. Date Rec'd by Fed Agency		Federal Identifier CE 98994001															
<div style="float: right; border: 1px solid black; padding: 5px;"> RECEIVED APR 23 2003 STATE CLEARING HOUSE </div>																	
1. TYPE OF SUBMISSION: <table border="0"> <tr> <td>Application</td> <td>Preapplication</td> </tr> <tr> <td><input checked="" type="checkbox"/> Construction</td> <td><input type="checkbox"/> Construction</td> </tr> <tr> <td><input type="checkbox"/> Nonconstruction</td> <td><input type="checkbox"/> Nonconstruction</td> </tr> </table>				Application	Preapplication	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	<input type="checkbox"/> Nonconstruction	<input type="checkbox"/> Nonconstruction								
Application	Preapplication																
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction																
<input type="checkbox"/> Nonconstruction	<input type="checkbox"/> Nonconstruction																
5. APPLICANT INFORMATION Legal Name State Water Resources Control Board		Organizational Unit Central Coast Regional Water Quality Control Board															
Address (give city, county, state, and zip code): State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		Name and telephone of person to be contacted on matters involving this application (give area code): Gerhardt Hubner (805) 542-4647															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 -- 0 2 8 1 9 8 6		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> A															
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> A <input type="checkbox"/> C A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify) _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Institute Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 6 6 - 4 5 6 TITLE: National Estuary Program		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc) California - Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Continue implementation of the Comprehensive Conservation Management Plan (CCMP), participation and outreach of public education, and administrative management of the program.															
13. PROPOSED PROJECT Start Date: 9/1/01 Ending Date: 6/30/04		14. CONGRESSIONAL DISTRICT OF: a. Applicant: 3 b. Project: California--All															
15. ESTIMATED FUNDING <table border="1"> <tr> <td>a. Federal</td> <td>\$ 60,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$.00</td> </tr> <tr> <td>c. State</td> <td>\$ 62,000.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 122,000.00</td> </tr> </table>		a. Federal	\$ 60,000.00	b. Applicant	\$.00	c. State	\$ 62,000.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 122,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on: Date: April 23, 2003 b. NO: <input type="checkbox"/> Program is not covered by EO 12372. <input type="checkbox"/> Or program has not been selected by state for review.	
a. Federal	\$ 60,000.00																
b. Applicant	\$.00																
c. State	\$ 62,000.00																
d. Local	\$.00																
e. Other	\$.00																
f. Program Income	\$.00																
g. TOTAL	\$ 122,000.00																
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes, attach an explanation. <input checked="" type="checkbox"/> No																	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title Executive Director															
c. Telephone Number (916) 341-5615		d. Signature of Authorized Representative															
e. Date Signed																	

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Standard Form 424 (Rev 7-97)
Prescribed by OMB Circular A-012

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APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 23, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: IMPERIAL COUNTY OF EDUCATION		Organizational Unit: LEARNING TECHNOLOGIES DEPARTMENT	
Address (give city, county, State, and zip code): 1398 SPERBER ROAD EL CENTRO, CALIFORNIA 92243		Name and telephone number of person to be contacted on matters involving this application (give area code) MICHAEL CASTILLO (760) 312-6403	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6001665		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: NATIONAL TELECOMMUNICATIONS & INFORMATION U.S. DEPARTMENT OF COMMERCE ADMINISTRATION	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-552 TITLE: Technology Opportunities Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: HeberLink Project — Providing Broadband access for the community of Heber, California.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Imperial County, California			
13. PROPOSED PROJECT HeberLink		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/03	Ending Date 9/30/05	a. Applicant 51st	b. Project 51st
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 238,301 ⁰⁰	<input checked="" type="radio"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/23/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 83,105 ⁰⁰		
c. State	\$ 116,246 ⁰⁰		
d. Local	\$ 83,874 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 521,526 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative JUDY MAURICE		b. Title ASSOCIATE SUPERINTENDENT	c. Telephone Number 760 312 6429
d. Signature of Authorized Representative <i>Judy Maurice</i>		e. Date Signed APRIL 23, 2003	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED April 21, 2003		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Napa County		Organizational Unit: Department of Public Works			
Address (give city, county, state, and zip code): 1195 Third Street, Room 201 Napa, Napa County, California 94559-3092		Name and telephone number of the person to be contracted on matters involving this application (give area code): Erica Ahmann (707) 253-4351			
EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">9 4 - 6 0 0 0 5 2 5</div>		TYPE OF APPLICANT: (enter appropriate letter in box) B			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)			
		9. NAME OF FEDERAL AGENCY Federal Aviation Administration			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 0 1 0 6</div> TITLE: Airport Improvement Program (AIP)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Airport perimeter security fencing, perimeter maintenance road, and security gates.			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Unincorporated area of Napa County					
13. PROPOSED PROJECT Start Date: 2003 Ending Date: 2004		14. CONGRESSIONAL DISTRICTS OF a. Applicant: 02 b. Project: 02			
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 1,169,750 .00		a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant \$ 151,800 .00		DATE: April 21, 2003			
c. State \$.00		b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local \$.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other \$.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income \$.00		<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No			
g. TOTAL \$ 1,321,550 .00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a. Typed Name of Authorized Representative ROBERT J. PETERSON, P.E.		b. Title DIRECTOR OF PUBLIC WORKS		c. Telephone number (707) 253-4351	
d. Signature of Authorized Representative 				e. Date Signed 4/23/03	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 23, 2003		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION Legal Name: Fresno County Sheriff's Department Address (give city, county, State, and zip code): 2200 Fresno Street Fresno, Fresno County, California 93721-1753				Organizational Unit: Information Technology Services Name and telephone number of person to be contacted on matters involving this application (give area code): Shirley Grace, IT Mgr. (sgrace@fresno.ca.gov) (559) 488-3910	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-6000512				7. TYPE OF APPLICANT: (enter appropriate letter in box) B	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):				A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-552 TITLE: Technology Opportunity Program				9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Admin.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno County Law Enforcement Multi-Agency Computer Aided Dispatch Regional Switch	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 1/1/04	Ending Date 6/30/06	a. Applicant 18, 19, 20, 21		b. Project 18, 19, 20, 21	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 700,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/23/03			
b. Applicant	\$ 895,512.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 1,595,512.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Richard Pierce		b. Title Sheriff		c. Telephone Number (559) 488-3121	
d. Signature of Authorized Representative 				e. Date Signed 4-22-2003	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 23, 2003	Applicant Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: CITY AND COUNTY OF San Francisco		Organizational Unit: Emergency Communications Dept	
Address (give city, county, State, and zip code): 1011 Turk St. San Francisco, CA 94102		Name and telephone number of person to be contacted on matters involving this application (give area code): Glenn Ortiz-Schmidt 415-558-3808	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000417		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): STATE CLEARING HOUSE		9. NAME OF FEDERAL AGENCY: Department of Commerce	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: Technology OPPORTUNITIES 11-552		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CCSF 311/CRM Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: HON. NANCY PELOSI (Dist. 8) / Hon. Tom Lantos (Dist. 12)	
Start Date 7/2003	Ending Date 2/2006	a. Applicant HON. NANCY PELOSI (8)	b. Project Hon. Nancy Pelosi (8) & Hon. Tom Lantos (12)
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 700,000.	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/23/2003	
b. Applicant	\$ 3,259,400	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 0		
d. Local	\$ See Applicant		
e. Other	\$ 0		
f. Program Income	\$ 0		
g. TOTAL	\$ 3,959,400.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative DANIEL A. SULLIVAN		b. Title DIRECTOR-ECD	c. Telephone Number 415-558-3886
d. Signature of Authorized Representative Daniel A. Sullivan		e. Date Signed 4-23-03	

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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

ORIGINAL

FEDERAL ASSISTANCE		2. DATE SUBMITTED 04/23/2003	Applicant Identifier
7. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: OAKLAND UNIFIED SCHOOL DISTRICT		Organizational Unit: Ralph J. Bunche and Rudsdale Academies	
Address (give city, county, State, and zip code): 1240 - 18th Street Oakland, California 94607 County of Alameda		Name and telephone number of person to be contacted on matters involving this application (give area code): Fred Noel (510) 879-1730. fnoel@ousd.k12.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000385		7. TYPE OF APPLICANT: (Enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: Department of Commerce	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-552 TITLE: NTIA/TOP		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Extended-day, refurbished computer take home program.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Oakland, Alameda County			
13. PROPOSED PROJECT Start Date: 10/1/03 Ending Date: 9/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: CALIFORNIA b. Project:	
15. ESTIMATED FUNDING: a. Federal: \$ 424,730 b. Applicant: \$ 115,800 c. State: \$ 36,000 d. Local: \$ e. Other: \$ 564,000 f. Program Income: \$ g. TOTAL: \$ 1,140,530		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/23/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
a. Type Name of Authorized Representative Dennis K. Charon		b. Title Superintendent	
c. Telephone Number (510) 879-8200		e. Date Signed 4/22/03	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 23, 2003	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Fresno County Sheriff's Department		Organizational Unit: Information Technology Services	
Address (give city, county, State, and zip code): 2200 Fresno Street Fresno, Fresno County, California 93721-1753		Name and telephone number of person to be contacted on matters involving this application (give area code): Shirley Grace, IT Mgr. (sgrace@fresno.ca.gov) (559) 488-3910	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000512		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Admin.	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-552 TITLE: Technology Opportunity Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno County Law Enforcement Multi-Agency Computer Aided Dispatch Regional Switch	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 1/1/04	Ending Date 6/30/06	a. Applicant 18, 19, 20, 21	b. Project 18, 19, 20, 21
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 700,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/23/03	
b. Applicant	\$ 895,512 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ^{no}	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ ^{no}	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ ^{no}		
f. Program Income	\$ ^{no}		
g. TOTAL	\$ 1,595,512 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Richard Pierce		b. Title Sheriff	
c. Telephone Number (559) 488-3121		e. Date Signed 4-22-2003	
d. Signature of Authorized Representative			

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 28, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE April 24, 2003	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY April 24, 2003	Federal Identifier

5. APPLICANT INFORMATION
 Legal Name: United Indian Nations, Inc.
 Address (give city, county, State, and zip code):
1320 Webster St.
Oakland, CA 94612

RECEIVED
APR 23 2003
STATE CLEARING HOUSE

Organizational Unit:
 Name and telephone number of person to be contacted on matters involving this application (give area code):
Lori J. Taguma 510-763-3410

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 2 5 5 1 1 7 0

7. TYPE OF APPLICANT: (enter appropriate letter in box)

<input type="checkbox"/> A. State	<input type="checkbox"/> H. Independent School Dist.
<input type="checkbox"/> B. County	<input type="checkbox"/> I. State Controlled Institution of Higher Learning
<input type="checkbox"/> C. Municipal	<input type="checkbox"/> J. Private University
<input type="checkbox"/> D. Township	<input type="checkbox"/> K. Indian Tribe
<input type="checkbox"/> E. Interstate	<input type="checkbox"/> L. Individual
<input type="checkbox"/> F. Intermunicipal	<input type="checkbox"/> M. Profit Organization
<input type="checkbox"/> G. Special District	<input type="checkbox"/> N. Other (Specify) <u>Non-profit</u>

8. TYPE OF APPLICATION:
☐ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
United Indian Nations, Inc.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11 - 552

Technical Opportunities Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
American Indian Multi-Media Tech

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
California,
Alameda, Contra Costa, San Francisco, San Mateo

13. PROPOSED PROJECT
 Start Date: 07-01-03 Ending Date: 06-03-05

14. CONGRESSIONAL DISTRICTS OF:
6, 7, 8, 9, 10, 12, 13, 14, 15

15. ESTIMATED FUNDING:

a. Federal	\$	132,880. ⁰⁰
b. Applicant	\$	
c. State	\$	
d. Local	\$	
e. Other	\$	135,566. ⁰⁰
f. Program Income	\$	
g. TOTAL	\$	268,446. ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE April 23, 2003
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative <u>Sally Gallegos</u>	b. Title <u>Director</u>	c. Telephone Number <u>510-763-3410</u>
d. Signature of Authorized Representative 		e. Date Signed <u>April 23, 2003</u>

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

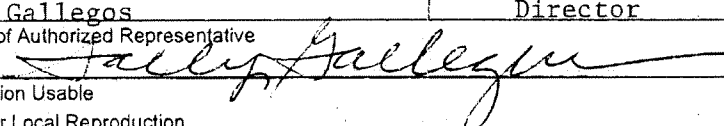
APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 23, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Alameda County Medical Center		Organizational Unit: Ambulatory Health Care Services	
Address (give city, county, State, and zip code): 1900 Embarcadero, Suite 400 Oakland, CA 94606 Alameda County		Name and telephone number of person to be contacted on matters involving this application (give area code): Ms. Judy Armstrong (510) 891-5700 jarmstrong@acmedctr.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3302014		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right;">N</div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Special Govt.	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-552 TITLE: Technology Opportunities Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Alameda County Telemedicine Network	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Alameda County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/03	Ending Date 3/31/05	a. Applicant California- 9	
15. ESTIMATED FUNDING:		b. Project California- 9,10,13	
a. Federal	\$ 598,278.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$ 544,209.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/23/03	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 58,266.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 1,200,753.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ms. Judy Armstrong		b. Title Chief Operating Officer	c. Telephone Number (510) 891-5700
d. Signature of Authorized Representative <i>Judy Armstrong</i>		e. Date Signed 4/23/03	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 28, 2003	Applicant Identifier														
		3. DATE RECEIVED BY STATE April 24, 2003	State Application Identifier														
		4. DATE RECEIVED BY FEDERAL AGENCY April 24, 2003	Federal Identifier														
5. APPLICANT INFORMATION																	
Legal Name: United Indian Nations, Inc.		Organizational Unit:															
Address (give city, county, State, and zip code): 1320 Webster St. Oakland, CA 94612		Name and telephone number of person to be contacted on matters involving this application (give area code): Lori J. Taguma 510-763-3410															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2551170		7. TYPE OF APPLICANT: (enter appropriate letter in box) <table style="width:100%;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) <u>Non-profit</u></td> </tr> </table>		A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) <u>Non-profit</u>
A. State	H. Independent School Dist.																
B. County	I. State Controlled Institution of Higher Learning																
C. Municipal	J. Private University																
D. Township	K. Indian Tribe																
E. Interstate	L. Individual																
F. Intermunicipal	M. Profit Organization																
G. Special District	N. Other (Specify) <u>Non-profit</u>																
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: United Indian Nations, Inc.															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-552 TITLE: Technical Opportunities Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: American Indian Multi-Media Tech															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California, Alameda, Contra Costa, San Francisco, San Mateo																	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 6, 7, 8, 9, 10, 12, 13, 14, 15															
Start Date 07-01-03	Ending Date 06-03-05	a. Applicant b. Project															
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?															
a. Federal \$ 132,880.00		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE April 23, 2003															
b. Applicant \$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW															
c. State \$																	
d. Local \$																	
e. Other \$ 135,566.00																	
f. Program Income \$																	
g. TOTAL \$ 268,446.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Type Name of Authorized Representative Sally Gallegos		b. Title Director	c. Telephone Number 510-763-3410														
d. Signature of Authorized Representative 		e. Date Signed April 23, 2003															

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

Application for Federal Assistance

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 04/23/2003		Application Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 1628 (Rev 1)	
5. APPLICANT INFORMATION					
Legal Name The Advancement Project			Organizational Unit		
Address (give city, county, state, and zip code) 1545 Wilshire Blvd. Suite 800 Los Angeles, CA 90017 Los Angeles			Name and telephone number of the person to be contacted on matters involving this application (give area code) Mr. John Kim 213 - 989 - 1300 Ext. 30 jklm@advanceproj.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 — 4 8 3 5 2 3 0			7. TYPE OF APPLICANT: (Enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Education J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify) <u>Non-Profit Organization</u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.662 TITLE: Technology Opportunities Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Healthy Children Healthy City Asset Mapping project is creating the largest free, online, searchable GIS-enabled database of health and human service assets in Los Angeles County.		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Los Angeles County					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 10/01/2003	Ending Date 09/30/2006	a. Applicant 34		b. Project California: 22,24-39,42,46	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 698,550 .00	a. YES THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/23/2003			
b. Applicant	\$ 516,550 .00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State	\$ 0 .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$ 0 .00				
e. Other	\$ 192,000 .00				
f. Program Income	\$ 0 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 1,407,100 .00	<input type="checkbox"/> Yes If "Yes," attach an explanation No <input checked="" type="checkbox"/>			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed name of Authorized Representative Mr. John Kim		b. Title Project Director		c. Telephone Number 213 - 989 - 1300	
d. Signature of Authorized Representative				e. Date Signed 4/23/03	

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Standard Form 424 (REV 4-82)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED April 22, 2003	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Literacy, Inc.		Organizational Unit:	
Address (give city, county, State, and zip code): 133 N. Altadena Drive, Suite 410 caliteracye Pasadena, Los Angeles, CA 91103 E caliteracye		Name and telephone number of person to be contacted on matters involving this application (give area code): Matthew Scelzo, 626-395-9989 ext. 20	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2554370		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Nonprofit org.	
If Revision, enter appropriate letter(s) in box(es):		9. NAME OF FEDERAL AGENCY: Department of Commerce	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: Technology Opportunities Program 11-552		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Health Electronic Learning Project (HELP)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			
13. PROPOSED PROJECT Health info. website		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/03	Ending Date 6/30/06	a. Applicant CA-29-Rep. Adam Schiff	b. Project CA 1-54 (Statewide)
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 409,331.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/23/03	
b. Applicant	\$ 426,729.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 836,100.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Lisa Bennett-Garison		b. Title Executive Director	c. Telephone Number 626-395-9989
d. Signature of Authorized Representative <i>Lisa Bennett-Garison</i>		e. Date Signed 4/22/03	

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

1. TYPE OF SUBMISSION

3. DATE RECEIVED BY STATE

State Application Identifier

Application

Preapplication

☐ Construction
☒ Non-Construction☐ Construction
☐ Non-Construction

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: San Bernardino Valley Municipal Water District

Organizational Unit:

Address (give city, county, state, and zip code):

1350 South F Street
San Bernardino, CA 92412-5906
San Bernardino County

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Robert M. Tischer, (909) 387-9215

6 EMPLOYER IDENTIFICATION (EIN):

956005196

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in box(es): ☐ A ☐ B ☐ C ☐ DA. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other Specify:7. TYPE OF APPLICANT: (enter appropriate letter here) GA. State H. Independent School District
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify):

10. CATALOG OF FEDERAL

DOMESTIC ASSISTANCE NUMBER: 66-802

TITLE:

9. NAME OF FEDERAL AGENCY:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Develop groundwater quality model which will assist the district in developing remediation strategies for groundwater Contamination in the Area of Historic High Groundwater within the San Bernardino Basin Area.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

San Bernardino, California

13. PROPOSED PROJECT:

14. CONGRESSIONAL DISTRICT OF:

Start Date

End Date

a. Applicant:

b. Project

1/2004

1/2006

42nd District42nd District

15. Estimated Funding:

a. Federal \$ 750,000

b. Applicant \$

c. State \$

d. Local \$

e. Other \$

f. Program Income \$

g. TOTAL 750,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:

DATE 4/24/03

b. NO.

☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative: Robert L. Reiter

b. Title: General Manager and Chief Engineer

c. Telephone Number
(909) 387-9222

d. Signature of Authorized Representative

Robert L. Reiter

e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 22, 2003		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION

Legal Name: Cerritos Community College District Address (give city, county, State, and zip code): 11110 Alondra Blvd. Norwalk, CA 90650	Organizational Unit: Cerritos College Name and telephone number of person to be contacted on matters involving this application (give area code): Bryan Reece 562/860-2451 x2755
---	--

6. EMPLOYER IDENTIFICATION NUMBER (EIN): APR 23 2003 95-6005521	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width:45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> I </div>
---	---

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 Technology Opportunities Program
 11-552

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Tribal Technology Training Program (TribeTech)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Los Angeles County, tribes in up to 20 states

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:								
<table style="width:100%;"> <tr> <td style="width:20%;">Start Date</td> <td style="width:20%;">Ending Date</td> <td style="width:60%;">a. Applicant</td> </tr> <tr> <td>10/1/03</td> <td>9/30/06</td> <td>38th</td> </tr> </table>	Start Date	Ending Date	a. Applicant	10/1/03	9/30/06	38th	<table style="width:100%;"> <tr> <td style="width:60%;">b. Project</td> </tr> <tr> <td>Various</td> </tr> </table>	b. Project	Various
Start Date	Ending Date	a. Applicant							
10/1/03	9/30/06	38th							
b. Project									
Various									

15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:20%;">\$</td> <td style="width:20%;">496,238</td> <td style="width:20%;">00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>247,781</td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0</td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0</td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>252,200</td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>10,000</td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,006,219</td> <td>00</td> </tr> </table>	a. Federal	\$	496,238	00	b. Applicant	\$	247,781	00	c. State	\$	0	00	d. Local	\$	0	00	e. Other	\$	252,200	00	f. Program Income	\$	10,000	00	g. TOTAL	\$	1,006,219	00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/22/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	496,238	00																										
b. Applicant	\$	247,781	00																										
c. State	\$	0	00																										
d. Local	\$	0	00																										
e. Other	\$	252,200	00																										
f. Program Income	\$	10,000	00																										
g. TOTAL	\$	1,006,219	00																										

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

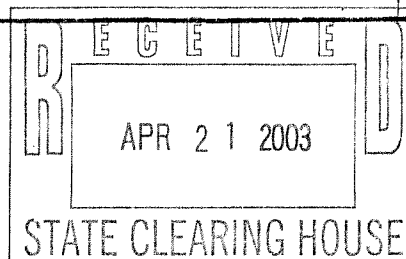
a. Type Name of Authorized Representative John Grindel	b. Title Interim President	c. Telephone Number 562/860-2451 x2204
d. Signature of Authorized Representative 		e. Date Signed 4/23/03

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-1042

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 17, 2003		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

3. APPLICANT INFORMATION Legal Name: <u>FREEDOM IN MOTION Riding Center</u> Address (give city, county, State, and zip code): <u>112 CINNAMON RANCH RD</u> <u>BISHOP, CA MONO COUNTY</u>		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Carol Archuleta 760-933-2606</u>															
4. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>NON PROFIT</u> </div> </div>															
5. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		8. NAME OF FEDERAL AGENCY: <u>USDA</u>															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">10</div> - <div style="border: 1px solid black; padding: 2px;">71616</div> </div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Indoor Arena & Activity Center</u>															
12. AREAS AFFECTED BY PROJECT (City, Counties, States, etc.): <u>BISHOP, MANMOTH, BIG PINE, LONE PINE, INDEPENDENCE</u> <u>Inyo, Mono - Alpine County</u>																	
13. PROPOSED PROJECT <u>INDOOR Center</u>		14. CONGRESSIONAL DISTRICTS OF: <u>25 DISTRICT</u>															
Start Date <u>June 2003</u> Ending Date <u>Aug 2003</u>		a. Applicant <u>FREEDOM IN MOTION Riding Center</u> b. Project <u>INDOOR ARENA</u>															
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. Federal</td> <td style="width:50%; text-align: right;">\$</td> </tr> <tr> <td>b. Applicant</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c. State</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>d. Local</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>e. Other</td> <td style="text-align: right;">\$ <u>106,740</u></td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ <u>135,422</u></td> </tr> </table>		a. Federal	\$	b. Applicant	\$	c. State	\$	d. Local	\$	e. Other	\$ <u>106,740</u>	f. Program Income	\$	g. TOTAL	\$ <u>135,422</u>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$																
b. Applicant	\$																
c. State	\$																
d. Local	\$																
e. Other	\$ <u>106,740</u>																
f. Program Income	\$																
g. TOTAL	\$ <u>135,422</u>																
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Type Name of Authorized Representative <u>Carol Archuleta</u>		b. Title <u>Executive Director</u>															
c. Signature of Authorized Representative <u>[Signature]</u>		d. Telephone Number <u>760-933-2606</u>															
e. Date Signed <u>4-17-03</u>		f. Previous Edition Usable Authorized for Local Reproduction															



Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION PART I

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550Check here if
Revised FormFor PTFP
Use

1. APPLICANT

Legal Name South Orange County Community College District
Organizational Unit Saddleback College / KSBRMailing Address (line 1) 28000 Marguerite PkwyAddress (line 2
if required)City Mission ViejoState CACounty OrangeZip 926922. Employer
ID # (EIN)95-2479872Main
Station
Call
LettersKSBR FM 88.5

Radio

MHz

TV

Channel

3. Administrative Contact

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr.TerryWedelOperations DirectorPhone # (949) 582-4714Fax # (949) 347-9693

4. Engineering Contact

Full Name Mr. Mark SchifflbeinTitle Director of TechnologyEngineer
Phone(949) 582-4882

PROJECT INFORMATION

5a. Enter "Y" if
ReactivationN5b. Old
File #6. Enter "Y" if new
FCC authorizations
are requiredN

7. Enter letter(s) to classify project

(P)lanning or
(C)onstructionC(R)adio or (T)V
or (RT) for bothR(B)roadcast or (N)onbroadcast
or (BN) for bothB8. Length of
Project (# of
months)12

9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast
Station, Repeater or
Translator; 1st local
originationB. Broadcast
Equipment
Replacement,
AugmentationC. Digital TV
ConversionD. Nonbroadcast
(e.g. Distance
Learning
Activation or
Expansion)10. Enter the
Priority or
Category
under which
you request
the application
be reviewedFIRST service added by
proposed facilityCURRENTLY served by
applicant.CURRENTLY served by
applicant.CURRENTLY served by
applicant.ADDED SERVICE to those
covered by others402,158Enter "Y" if a
multi-year
applicationNEW service added by proposed
facility2

13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 48,446b. Applicant Share \$ 48,447c. TOTAL \$ 96,893d. Fed. % of eligible costs 50.00 %

14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact
Office of PTFP program is not selected for state
review. Otherwise enter Yes.Yes15. Is applicant delinquent on any Federal Debt?
Enter YES or NO. If YES, attach explanation.NO11. Single
Congressional
District of
Applicant4212. Other Cong. districts served by
project (e.g. PA 1-3, NY 4, 5-9)44, 48, 49

16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

To the best of my knowledge and belief, all data in this application are true and correct.
Phone # (949) 582-4664

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr.GaryPoertnerDeputy ChancellorSignature of authorized
representativeDate
signed4/2/03

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550

OMB Approval
0660-0003

17. Summary of application (Summarize the purposes of the application in a few sentences.)

Applicant seeks to replace worn-out 24-year old transmitter, antenna, tower, and transmission line of KSBR-FM, 88.5 FM.

18. Types of Applicant (Enter appropriate letter in box)

- A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School District
I. State Controlled Institute of Higher Learning
- J. Private University
K. Indian Tribe
L. Individual (NOTE: Not eligible for PTFP funding)
M. Non-profit
O. Other (specify)

☐

19. Station Operations

THIS YEAR

NEXT YEAR IF PROJECT FUNDED

	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	2	40	2	40
Part-Time Staff	2	32	2	32
Volunteers	40	4	40	4
Operating Budget	\$ 233,000		\$ 233,000	

20. Public Broadcasting Affiliations

☐

Check if nonbroadcast application and therefore Q. 20 Not Applicable

Enter "Y" if applicant is currently CPB qualified

☐

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

☐

Date of expected qualification

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year						
Next year						

21. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

22. Yes ☒ No ☐
(circle one)

Have you applied to, intend to apply to, or received funds from another Federal program for this project or a related project? Please provide information regarding other Federal funds in the Remarks section below or on another page.

23. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
North Hollywood, CA	KPFK
City	Call Letters
Long Beach, CA	KKJZ
City	Call Letters
Los Angeles, CA	KUSC

24. Areas affected by this Project (Cities, Counties, States, Etc.)

Cities: Mission Viejo, San Clemente, Dana Point, Laguna Woods, Laguna Beach, Newport Beach, Irvine, Aliso Viejo, Lake Forest, Laguna Hills, San Juan Capistrano, Rancho Santa Margarita, Laguna Niguel, Orange, San Diego Counties.

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 04/14/2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION	
Legal Name: Contra Costa County Health Services	Organizational Unit Public Health Division. Homeless Programs
Address (give city, county, state, and zip code): 597 Center Avenue, Suite 355 Martinez, CA 94553	Name and telephone number of the person to be contacted on matters involving this application (give area code) Cynthia Belon (925) 313-6736

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 6 0 0 0 5 0 9 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">B</div>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): _____

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> [] [] - [] [] [] [] </div> TITLE Collaborative Initiative to End Chronic Homelessness	9. NAME OF FEDERAL AGENCY: Substance Abuse and Mental Health Services Administration
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Contra Costa County	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Project Coming Home: A multi-agency collaborative providing integrated outreach, housing and support services to chronically homeless individuals in Contra Costa County.

13. PROPOSED PROJECT: Start Date 10/01/2003 Ending Date 09/30/2008	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 7 th b. Project 7 th and 10 th
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																					
<table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:70%;">700,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>209,367</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>1,079,283</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>1,014,613</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>3,003,263</td> </tr> </table>	a. Federal	\$	700,000	b. Applicant	\$	209,367	c. State	\$	0	d. Local	\$	1,079,283	e. Other	\$	1,014,613	f. Program Income	\$	0	g. TOTAL	\$	3,003,263	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/09/2003 b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW
a. Federal	\$	700,000																				
b. Applicant	\$	209,367																				
c. State	\$	0																				
d. Local	\$	1,079,283																				
e. Other	\$	1,014,613																				
f. Program Income	\$	0																				
g. TOTAL	\$	3,003,263																				

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative Wendel Brunner	b. Title Director of Public Health Division	c. Telephone number (925) 313-6712
d. Signature of Authorized Representative 		e. Date Signed 4/4/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/>		2. DATE SUBMITTED 	Applicant Identifier
3. DATE RECEIVED BY STATE 		State Application Identifier 	
4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier 	

5. APPLICANT INFORMATION

Legal Name: Annapolis Volunteer Fire Dept. Address (give city, county, state, and zip code): Mail to: 2300 County Center Drive Suite 221, Building A Santa Rosa, CA 95403	Organizational Unit: Community Service Area 40 Name and telephone number of person to be contacted on matters involving this application (give area code): Miriam W. Hodgman, grantwriter (707) 565-2871
---	---

6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 9 4 - 6 0 0 0 5 3 9 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) N <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>
---	--

8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other (specify): _____ </div> <div style="width: 30%;"> C. Increase Duration </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Revised Construction Costs </div>	9. NAME OF FEDERAL AGENCY: USDA - Rural Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Annapolis Volunteer Department Fire Station, to be constructed at #32630 Annapolis Road between Quarry and South Branch Roads
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 0 - 7 6 6 </div> TITLE: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) County of Sonoma	13. PROPOSED PROJECT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Start Date</td> <td style="width:15%;">Ending Date</td> <td style="width:70%;">a. Applicant 1st District</td> </tr> </table>	Start Date	Ending Date	a. Applicant 1st District
Start Date	Ending Date	a. Applicant 1st District		

14. CONGRESSIONAL DISTRICTS OF: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">b. Project Construction</td> </tr> </table>	b. Project Construction	15. ESTIMATED FUNDING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:80%;">\$ 50,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 25,000.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> </tr> <tr> <td>d. Local</td> <td>\$ 155,000.00 (County & CDBG)</td> </tr> <tr> <td>e. Other</td> <td>\$ 50,596.00 (Kresge Found.)</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. Total</td> <td>\$ 280,596.00</td> </tr> </table>	a. Federal	\$ 50,000.00	b. Applicant	\$ 25,000.00	c. State	\$	d. Local	\$ 155,000.00 (County & CDBG)	e. Other	\$ 50,596.00 (Kresge Found.)	f. Program Income	\$	g. Total	\$ 280,596.00
b. Project Construction																
a. Federal	\$ 50,000.00															
b. Applicant	\$ 25,000.00															
c. State	\$															
d. Local	\$ 155,000.00 (County & CDBG)															
e. Other	\$ 50,596.00 (Kresge Found.)															
f. Program Income	\$															
g. Total	\$ 280,596.00															

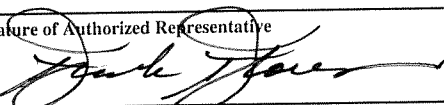
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <div style="margin-top: 10px;"> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ </div> <div style="margin-top: 10px;"> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW </div>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Vernon A. Losh, II	b. Title Sonoma County Fire Chief	c. Telephone Number (707) 565-1152
d. Signature of Authorized Representative 		e. Date Signed 04/01/03

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STANDARD FORM 424 (REV. 4-92)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Programming and Policy Analysis	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Steve Henley (213) 922-3093	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input checked="" type="checkbox"/> If Revision, enter appropriate letter(s) in box(es): A – increase award A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 507 TITLE 49 U.S.C. § 5307		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) City and County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Fiscal Year 2003 Capital Assistance – Amendment 03	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 08-01-1998	Ending Date 12/31/2006	a. Applicant 25 through 39, 42, 46	b. Project Same as Applicant
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 220,972,111.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>11/27/2002</u> b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b Applicant	\$.00		
c State	\$.00		
d Local	\$ 69,355,849.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g TOTAL	\$ 290,327,960.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative FRANK FLORES		b Title Deputy Executive Officer, Programming & Policy Analysis	c Telephone number (213) 922-2456
d. Signature of Authorized Representative 		e. Date Signed 04/11/03	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 		Applicant Identifier 	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 		State Application Identifier 	
		4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier 	

5. APPLICANT INFORMATION					
Legal Name: Community Service Programs, Inc.			Organizational Unit: Victim Assistance Programs		
Address (give city, county, state, and zip code): 1821 E. Dyer Rd. Suite 200 Santa Ana, CA 92705			Name and telephone number of the person to be contacted on matters involving this application (give area code) Linker, Susan D. (949) 975-0244		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 95—3167866 </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) N <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): <u>Non-profit</u> </div> </div>		
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other (specify): </div> <div style="width: 30%;"> C. Increase Duration </div> </div>			9. NAME OF FEDERAL AGENCY: Office of Violence Against Women		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 16—528 </div> TITLE: Training and Technical Assistance			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Training Grants to Stop Abuse and Sexual Assault Against Older Individuals with Disabilities		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Elderly and disabled victims of sexual assault and domestic abuse					

13. PROPOSED PROJECT: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Start Date 10/01/03 </div> <div style="width: 45%;"> Ending Date 9/30/05 </div> </div>		14. CONGRESSIONAL DISTRICTS OF: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> a. Applicant </div> <div style="width: 35%;"> b. Project CA45 CA46 CA 47 </div> </div>	
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15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:20%;">\$ 297,757</td> <td style="width:10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 0</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$ 0</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$ 0</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$ 0</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$ 0</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 297,757</td> <td>.00</td> </tr> </table>			a. Federal	\$ 297,757	.00	b. Applicant	\$ 0	.00	c. State	\$ 0	.00	d. Local	\$ 0	.00	e. Other	\$ 0	.00	f. Program Income	\$ 0	.00	g. TOTAL	\$ 297,757	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$ 297,757	.00																								
b. Applicant	\$ 0	.00																								
c. State	\$ 0	.00																								
d. Local	\$ 0	.00																								
e. Other	\$ 0	.00																								
f. Program Income	\$ 0	.00																								
g. TOTAL	\$ 297,757	.00																								
			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Yes If "Yes," attach an explanation. </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> No </div> </div>																							

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		
a. Typed Name of Authorized Representative Margot R. Carlson	b. Title Executive Director	c. Telephone number 949-250-0488
d. Signature of Authorized Representative 		e. Date Signed 3-28-03

Previous Editions Not Usable

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 17, 2003		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION	
Legal Name: University of Southern California	Organizational Unit: Institute for Civic Enterprise
Address (give city, county, State, and zip code): Los Angeles, Los Angeles County, CA, 90089	Name and telephone number of person to be contacted on matters involving this application (give area code): Dr. Tridib Banerjee (213) 740-4724
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1642394	7. TYPE OF APPLICANT: (enter appropriate letter in box) J
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award D. Decrease Duration Other(specify):	<p>A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District</p> <p>H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____</p>
9. NAME OF FEDERAL AGENCY: U.S. Dept. of Commerce, Economic Development Admin.	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11 303 TITLE: Economic Development - Technical Assistance	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: University Center Program for Economic Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Imperial, Inyo, Kern, Los Angeles, Mono, Orange, Riverside, San B.	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date 5/1/03	Ending Date 4/30/04
a. Applicant District 32	b. Project Districts 20-52
15. ESTIMATED FUNDING:	
a. Federal	\$ 110,000
b. Applicant	\$ 120,216
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 230,216
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/17/03	
b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Cristina Wilson	b. Title Sr. C&G Administrator
c. Telephone Number (213) 740-7762	d. Signature of Authorized Representative <i>Cristina Wilson</i>
e. Date Signed 4/17/03	

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/16/03	3. DATE RECEIVED BY STATE: APR 16 2003	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 03SC030114	4. DATE RECEIVED: 04/16/03	GRANT NUMBER: 01SCPCA046
5. APPLICATION INFORMATION		
LEGAL NAME: The CSU, Chico Research Foundation		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Carol A. Childers
ADDRESS (give street address, city, state and zip code): Office of Sponsored Programs Kendall Hall, Room 114 Chico CA 95929 - 0870		TELEPHONE NUMBER: 530-898-4307 FAX NUMBER: 530-898-4870 INTERNET E-MAIL ADDRESS: cchilders@csuchico.edu
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 680386518	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. 4-year college	
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016 10b. TITLE: Senior Companion Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CHICO SCP	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Butte, Glenn, Colusa, Tehama and Plumas Counties		
13. PROPOSED PROJECT: START DATE: 07/01/02 END DATE: 06/30/05		14. PERFORMANCE PERIOD: START DATE: END DATE:
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 18-APR-03
a. FEDERAL	\$ 78,036.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
b. APPLICANT	\$ 116,240.00	
c. STATE	\$ -73,198.00	
d. LOCAL	\$ 17,027.00	
e. OTHER	\$ 10,375.00	
f. PROGRAM INCOME	\$ 15,640.00	
g. TOTAL	\$ 194,276.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Jeff Wright	b. TITLE: Director, Office of Sponsored Programs	c. TELEPHONE NUMBER: 530-898-5700
		d. DATE: 04/16/03

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
Non-Construction

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

04/16/03

2b. APPLICATION ID:

03SF029986

3. DATE RECEIVED BY STATE:

4. DATE RECEIVED:

04/16/03

STATE APPLICATION IDENTIFIER:

GRANT NUMBER:

02SFPCA035

5. APPLICATION INFORMATION

LEGAL NAME: The CSU, Chico Research Foundation

ADDRESS (give street address, city, state and zip code)

Office of Sponsored Programs
Kendall Hall, Room 114
Chico CA 95929 - 0870

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes)

NAME: Carol A. Childers

TELEPHONE NUMBER: (530) 898-4307

FAX NUMBER: (530) 898-4870

INTERNET E-MAIL ADDRESS: cchilders@csuchico.edu

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

680386518

8. TYPE OF APPLICATION:

☐ NEW

☒ CONTINUATION

☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. 4-year college

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011

10b. TITLE: Foster Grandparents

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

CSU CHICO FGP

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Butte and Colusa Counties

13. PROPOSED PROJECT: START DATE: 07/01/02 END DATE: 06/30/05

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL	\$ 282,145.00
b. APPLICANT	\$ 114,151.00
c. STATE	\$ 44,506.00
d. LOCAL	\$ 63,475.00
e. OTHER	\$ 6,170.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 396,296.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?

☒ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:
DATE: 18-APR-03

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Jeff Wright

b. TITLE:

Director, Office of Sponsored Programs

c. TELEPHONE NUMBER:

530-898-5700

d. DATE:

04/16/03